

[Shilp Incubation Centre, Office No.SI-M-025, Unit B, First Floor, Plot 11T 3 and 11T 5, Block 11, GIFT SEZ, GIFT City, Gandhinagar – 382355.]

ALL THE DETAILS REQUESTED IN THE FORM ARE MANDATORY FOR EACH OF THE APPLICANTS

1. Distributor Information

	Name	Distributor Code	Email ID	Mobile No.
Distributor				
Sub-distributor				
Distributor RM				
AMC Employee				

Note: Mention Distributor details, if investing through a distributor.

2. Applicant's Information (The Name of the Applicants should be as mentioned in the PAN/Official Valid ID)

Individual Minor

Name of Sole/First Applicant

	FIRST		MIDDLE		LAST	
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Date of Birth:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 Gender: Male Female Other

PAN#:

--	--	--	--	--	--	--	--	--	--

 TIN:

--	--	--	--	--	--	--	--	--	--

CKYC/KIN*:

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Name of the Guardian In case of Minor

	FIRST		MIDDLE		LAST	
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Date of Birth:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 Gender: Male Female Other

PAN#:

--	--	--	--	--	--	--	--	--	--

 TIN:

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CKYC/KIN*:

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Country Code:

--	--	--	--

 Mobile Number:

--	--	--	--	--	--	--	--	--	--

 Mobile no belongs to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Email ID:

--	--	--	--	--	--	--	--	--	--

 Email ID belongs to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Name of the Second Applicant

	FIRST		MIDDLE		LAST	
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Date of Birth:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 Gender: Male Female Other

PAN#:

--	--	--	--	--	--	--	--	--	--

 TIN:

--	--	--	--	--	--	--	--	--	--

CKYC/KIN*:

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Country Code:

--	--	--	--

 Mobile Number:

--	--	--	--	--	--	--	--	--	--

 Mobile no belongs to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Email ID:

--	--	--	--	--	--	--	--	--	--

 Email ID belongs to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Name of the Third Applicant

	FIRST		MIDDLE		LAST	
--	-------	--	--------	--	------	--

Date of Birth:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 Gender: Male Female Other

PAN#:

--	--	--	--	--	--	--	--	--	--

 TIN:

--	--	--	--	--	--	--	--	--	--

CKYC/KIN*:

--	--	--	--	--	--	--	--	--	--

Country Code:

--	--	--	--

 Mobile Number:

--	--	--	--	--	--	--	--	--	--

 Mobile no belongs to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Email ID:

--	--	--	--	--	--	--	--	--	--

 Email ID belongs to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Name of the Third Applicant

	FIRST		MIDDLE		LAST	
--	-------	--	--------	--	------	--

Date of Birth:

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

 Gender: Male Female Other

PAN#:

--	--	--	--	--	--	--	--	--	--

 TIN:

--	--	--	--	--	--	--	--	--	--

CKYC/KIN*:

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Country Code:

--	--	--	--

 Mobile Number:

--	--	--	--	--	--	--	--	--	--

 Mobile no belongs to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

Email ID:

--	--	--	--	--	--	--	--	--	--

 Email ID belongs to: Self Spouse Dependent Children Dependent Siblings Dependent Parents Guardian

*KIN - KYC Identification Number is the unique 14 digit Identifier once your KYC details are registered with CKYC.

Mandatory if available, else mandatory to submit no-PAN declaration

Mode of Holding: Single Joint Anyone or Survivor

Correspondence Address of First / Sole Applicant / Guardian (in case of Minor)

Address-1	
Address-2	
City:	State:
Postal Code:	Country:

Permanent Address of First / Sole Applicant / Guardian (in case of Minor)

Address-1	
Address-2	
City:	State:
Postal Code:	Country:

Tax Status

<input type="checkbox"/> Non- Residents	<input type="checkbox"/> Person of Indian Origin (PIO)	<input type="checkbox"/> Overseas Citizen of India (OCI)	<input type="checkbox"/> Foreign National
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3. Investment Scheme Details and Remittance Bank Details

Investment Mode	Class of units	First Purchase Minimum Investment (USD)	Additional Purchase Minimum Investment (USD)
Direct	Direct	5000	1000
Through Distributors	Regular	5000	1000

Bank charges must be borne by the applicant and should not be deducted from the subscription amount.

Scheme name	Sundaram India Mid Cap – GIFT
Class of Units	<input type="checkbox"/> Regular <input type="checkbox"/> Direct
Investment Amount in USD (in figures)	
Investment Amount in USD (in words)	

Account No.	
Account Type	
Name of bank	
Name of branch	
City	
Postal code	
State	
Country	
SWIFT Code	
IFSC Code	
IBAN No.	

Nature of information	Nature of information
Account Name	SUNDARAM INDIA MIDCAP-GIFT-COLLECTION ACCOUNT
Account Number	8052201253
Bank Name	Kotak Mahindra Bank Ltd
Bank Swift Code	KKBKINB2XXX
Bank Address	IFSC Banking Unit, 10th Floor, Hiranandani Signature, Block No. 13, Zone – 1, GIFT SEZ, GIFT City, Gandhinagar – 382355, Gujarat, India
IFSC Code	GIFT0KKBK01
Remittance Purpose	Subscription of Units of Sundaram India Mid Cap – GIFT

4. Bank Account Details for Redemption

The bank account details provided below will be held on record and considered as default bank mandate to pay redemption proceeds. Attach copy of cheque leaf / Bank Statement* / Bank Passbook*. All Payments by the Fund will be made directly to this account. (*not older than 2 months & to be attested as per KYC/supporting documents)

Bank Name	Branch
Account number	A/C type
Bank Swift Code	IBAN No.
Address	
Branch City	State
PIN	Country
Correspondent Bank Details	
Correspondent Bank Name	
Correspondent Bank SWIFT BIC Code	

5. KYC DETAILS: First / Sole Applicant / Guardian in case of Minor


CATEGORIES	Sole/First/Guardian		Second Applicant		Third Applicant	
Occupation	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife	<input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife	<input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student	<input type="checkbox"/> Private Sector Service <input type="checkbox"/> Public Sector Service <input type="checkbox"/> Government Sector <input type="checkbox"/> Professional <input type="checkbox"/> Housewife	<input type="checkbox"/> Retired <input type="checkbox"/> Business <input type="checkbox"/> Agriculturist <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Student
	<input type="checkbox"/> Others (please specify).....		<input type="checkbox"/> Others (please specify).....		<input type="checkbox"/> Others (please specify).....	
Gross Annual Income	<input type="checkbox"/> Below \$ 10,000 <input type="checkbox"/> \$ 10,000 to \$ 50,000 <input type="checkbox"/> \$ 50,000 to \$1,00,000	<input type="checkbox"/> \$1,00,000 above	<input type="checkbox"/> Below \$ 10,000 <input type="checkbox"/> \$ 10,000 to \$ 50,000 <input type="checkbox"/> \$ 50,000 to \$1,00,000	<input type="checkbox"/> \$1,00,000 above	<input type="checkbox"/> Below \$ 10,000 <input type="checkbox"/> \$ 10,000 to \$ 50,000 <input type="checkbox"/> \$ 50,000 to \$1,00,000	<input type="checkbox"/> \$1,00,000 above
PEP Status	<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person		<input type="checkbox"/> Not Applicable <input type="checkbox"/> Politically Exposed Person <input type="checkbox"/> Related to Politically Exposed Person	
In Case of Salaried please provide	Place of Work : Name of Employer :		Place of Work : Name of Employer :		Place of Work : Name of Employer :	

6. Foreign Account Tax Compliance Act (FATCA) & CRS Details

	Sole/First/Guardian	Second Applicant	Third Applicant
Country of Birth >>			
Place of Birth >>			
Nationality >>			
Is the applicant(s)/ guardian's Country of Tax Residency other than India? >>	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Yes
If yes, complete section below.			
Country of Tax Residency 1 >>			
Tax Identification Number 1 >>			
Identification Type 1 >>	(TIN or Other, please specify)	(TIN or Other, please specify)	(TIN or Other, please specify)
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C
Residence address for tax purposes (include City, State, Country & Pin code)			
Address Type	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered office	<input type="checkbox"/> Residential or Business <input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Registered office
Country of Tax Residency 2 >>			
Tax Identification Number 2 >>			
Identification Type 2 >>	(TIN or Other, please specify)	(TIN or Other, please specify)	(TIN or Other, please specify)
If TIN is not available please tick the reason A, B or C * >>	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C	Reason <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C

* Reason A: The country where the Account Holder is liable to pay tax does not issue Tax Identification Numbers to its residents; Reason B: No TIN required (Select this reason only if the authorities of the respective country of tax residence do not require the TIN to be collected); Reason C: Others - Please state the reasons thereof.

7. Nomination Details

Mandatory	I / we am/are furnishing herewith the details for availing of the nomination facility for my/our investments in the Sundaram India Mid Cap – GIFT offered by Sundaram Asset Management Company Limited (IFSC Branch) in accordance with the existing laws. I / we hereby appoint the person(s) mentioned below in whom all rights and/ or amount payable in respect of all my/ our investments made on my / our death.		
Select any one	<input type="checkbox"/> Register nomination as below		<input type="checkbox"/> I do not wish to nominate.
1 st Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth of Nominee D D / M M / Y Y Y Y
	Identity Type <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport <input type="checkbox"/> TIN		Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)
	Address		City
	State	PIN	Country
	Guardian Name in case of Minor	Allocation (%)	Mobile No.
2 nd Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth D D / M M / Y Y Y Y
	Identity Type <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport <input type="checkbox"/> TIN		Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)
	Address		City
	State	PIN	Country
	Guardian Name in case of Minor	Allocation (%)	Mobile No.
3 rd Nominee	Nominee Name		
	Relationship with Nominee		Date of Birth D D / M M / Y Y Y Y
	Identity Type <input type="checkbox"/> PAN <input type="checkbox"/> Driving Licence <input type="checkbox"/> Aadhaar <input type="checkbox"/> Passport <input type="checkbox"/> TIN		Identity Number (Only last 4 digits in case the Identity Type is Aadhaar)
	Address		City
	State	PIN	Country
	Guardian Name in case of Minor	Allocation (%)	Mobile No.
	1 st Applicant Signature	2 nd Applicant Signature	3 rd Applicant Signature

8. Declaration and Signatures

I / We have read and understood the Scheme Offer Document and accepted the same.

I / We have disclosed all the details properly and correctly in this Application Form and I / We undertake to inform you of any changes therein, immediately. In case of any of the said information disclosed by me/us is found to be false or untrue or misleading or misrepresenting in any manner, I / We are aware that I / We may be held liable for it. I/We hereby declare that I/We are not making this Application in contravention of any applicable laws. I / We undertake to provide all the disclosures as required under IFSCA (Fund Management) Regulations 2022, Prevention of Money-Laundering Act, 2002 as amended from time to time or any other applicable Acts/ Regulations/ circulars.

I/We hereby declare that the amount contributed/to be contributed by me/us in Sundaram India Mid Cap – GIFT is derived through legitimate sources and is not held or designed for the purpose of contravention of any act, rules, regulations or any statute or legislation including Prevention of Money-Laundering Act, 2002 or any other applicable laws or any notifications, directions issued by any governmental or statutory authority from time to time.

Where the client or the owner of the controlling interest is a company listed on a stock exchange, or is a majority-owned subsidiary of such a company, it is not necessary to identify and verify the identity of any shareholder or beneficial owner of such company.

As required under applicable regulations, additional details like status, occupation details, gross annual income, net worth and other details as mentioned in the relevant sections of the application form are mandatory for all applicants as applicable, including joint holders. Details of net worth are mandatory for non-individuals applicants. While providing details of net worth, the same should be of a date which is within one year prior of the application.

Applications are liable to be rejected without any intimation to the applicants, if requirement under "KYC requirements" are not complied with / filled by all the applicants, KYC acknowledgement is not enclosed or any of the additional details are not mentioned for any of the applicant(s).

I / We hereby confirm and understand that my/our Application, and other documents attached are subject to verification and scrutiny for compliance with the "KYC requirements"*** prescribed, from time to time, by Sundaram Asset Management Company Limited (IFSC branch) (under the Prevention of Money Laundering Act, 2002 and other applicable Acts and Regulations and I / We hereby understand that my / our application can be rejected for any / all reasons including but not limited to discrepancy, noncompliance, non-completion with the documentation requirements without any reason being assigned therefor by Sundaram Asset Management Company Limited (IFSC branch)

***"KYC Requirements" means the Know Your Client requirements which are required to be fulfilled by the Investment Manager and includes the obligation of the Client to provide completely and correctly all supporting documents as may be required or determined, from time to time by the Investment Manager for compliance with the regulatory obligations.

I/We confirm that for administrative purpose the remittance of the contribution amount is being done through single bank account, via Bank transfer/ SWIFT as per the details

mentioned above. We hereby confirm that we have made contributions to the aforesaid bank account from which the investment is being done.

I/ We also agree to co-operate with Sundaram Asset Management Company Limited (IFSC branch) for the purposes of any regulatory requirements and for any additional documentation information requirements which may be required to be provided to any regulatory, judicial, governmental authority Sundaram Asset Management Company Limited (IFSC branch)

I/We hereby authorise Sundaram Asset Management Company Limited (IFSCA branch) to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/us, to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/ revenue authorities, other investigation agencies and IFSCA registered intermediaries without any obligation of advising me/us of the same.

1 st Applicant Signature	2 nd Applicant Signature	3 rd Applicant Signature
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Date: _____

Place: _____

E-mail scanned copies of the completed and duly signed form along with all supporting documents to: infogift@sundarammutual.com

INSTRUCTIONS FOR FILLING THE FORM AND DOCUMENTATION

1. Please fill the form in English.
2. The name(s) of the investor including joint holders must be the same as mentioned in the Proof of Identification provided.
3. Please ensure all the supporting documents are self-attested.
4. In case of joint Investors, please provide the KYC documents for all investors, Full signature and Initial is to be done by each investor. Documents to be signed by the Guardian on behalf of Minor.
5. Please provide proper attested documents to avoid rejections. Verification of KYC and supporting documents to be done as per IFSCA guidelines.
6. Any cancellation/corrections should be counter signed by the Investor(s).
7. SWIFT transfer for investment amount to be in favor of the scheme account.
8. Please provide a cancelled personalized cheque or Bank statement not older than 2 months to facilitate electronic transfers at the time of redemption.
9. Please make payment from your own bank account only, third-party payments are not allowed. In case of minor folios, investment funding from to be done from bank account of registered guardian or minor bank account. Redemption proceeds in case of minor folios to be done to a bank account where the minor investor is account holder.
10. The address mentioned on the application form should be the same as per KYC. If your correspondence address differs from the permanent address, then proof of address should be provided for both addresses.
11. If the application is signed under Power of Attorney (PoA), a duly notarized copy of the POA must be submitted along with the application form. In addition, all supporting documents must be submitted for all the holders including PoA.
12. Please provide Mobile Number and Email ID to never miss out on critical updates.
13. Please specify Mode of Holding for operating the investment, if there is more than one applicant. If the Mode of Holding is not specified, the same would be treated as Joint
14. **E-mail scanned copies** of the completed and duly signed form along with all supporting documents to infogift@sundarammutual.com
15. On confirmation of folio creation, courier **the physical signed application form along with the documents to:** Sundaram Asset Management Company Limited (IFSC Branch) Shilp Incubation Centre, Office No.SI-M-025, Unit B, First Floor, Plot 11T 3 and 11T 5, Block 11, GIFT SEZ, GIFT City, Gandhinagar – 382355.
16. Please note: Investor needs to dispatch application form along with necessary documents to Sundaram Asset Management Company Limited (IFSC Branch) within 30 days of Unit allotment.
Non-receipt of Original Documents, the folio shall be freeze / suspended as per the PMLA (Prevention of Money Laundering Act Regulations)

[Shilp Incubation Centre, Office No.SI-M-025, Unit B, First Floor, Plot 11T 3 and 11T 5, Block 11, GIFT SEZ, GIFT City, Gandhinagar – 382355.]

I _____ son/daughter of _____ presently residing at _____ declare and confirm that _____ (Name of Investor) is a tax resident of the _____ (name of the country or specified territory outside India of which Investor is a resident), does not have a PAN in India and does not and will not have any income in India, other than income from investment in "specified fund" as defined under Rule 114AAB of the Income-tax Rules, 1962.

Further, please find below the following information in relation to _____ (Name of Investor entity) for the purpose of claiming exemption from obtaining permanent account number as per section 139A of the Income-tax Act, 1961 read with Rule 114AAB of the Income-tax Rules, 1962 being non-resident investor investing in the Sundaram India Mid Cap – GIFT ('GIFT Fund') located in the International Financial Services Centre in Gujarat International Finance Tec-City ('GIFT City').

Sr. No.	Nature of information	Details
1.	Name of the Investor	
2.	Status (individual, company, firm etc.) of the Investor	
3.	Email ID	
4.	Contact Number of the Investor	
5.	Nationality (in the case of an individual) or Country or specified territory of incorporation or registration (in the case of others)	
6.	Address in the country or specified territory outside India of which applicant is a resident	
7.	Investor's tax identification number in the country or specified territory of residence and if there is no such number, then, a unique number on the basis of which the person is identified by the Government of the country or the specified territory of which the applicant claims to be a resident	

Verification

I hereby declare that to the best of my knowledge and belief what is stated above is correct, complete and is truly stated. Any change in future with respect to the above, will be promptly intimated to you in writing.

Verified the _____ day of _____

Signature _____



Important Instructions

- A. Fields marked with "*" are mandatory fields.
- B. Tick " wherever applicable.
- C. Please fill the form in English and BLOCK letters.
- D. Please fill the date in DD-MM-YY format.
- E. For particular section update, please tick () in the box section number and strike off the sections not required to be updated.
- F. Please read section wise detailed guide
- G. List of State/U.T code as per Indian Motor Vehicle Act, 1988 is available at the end.
- H. List of two character ISO 3166 country codes is available at the end.
- I. KYC number of applicant is mandatory for update application.
- J. The 'OTP based E-KYC' check box is to be checked for accounts opened using OTP based E-KYC in non-face to face mode

For office use only

(To be filled by financial institution)

Application Type* New Update
 KYC Number (Mandatory for KYC update request)
 Account Type* Normal Minor Aadhaar OTP based E-KYC (in non-face to face mode)

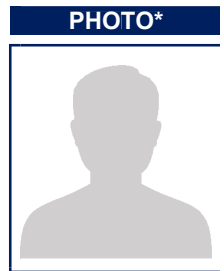
1. Personal Details (Please refer instruction A at the end)

Name* (Same as ID proof) Prefix First Name Middle Name Last Name
 Maiden Name
 Father / Spouse Name*
 Mother Name
 Date of Birth* DD - MM - YY YY
 Gender* M- Male F- Female T- Transgender
 PAN* FORM 60 furnished
 Marital Status* Married Unmarried Others
 Citizenship* IN- Indian Others – Country Country Code
 Residential Status* Resident Individual Non Resident Indian Foreign National Person of Indian Origin

2. PROOF OF IDENTITY AND ADDRESS* (Please refer instruction B at the end)

Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A-Passport Number Passport Expiry Date DD - MM - YY YY
 B-Voter ID Card
 C-Driving Licence Driving Licence Expiry Date DD - MM - YY YY
 D-NREGA Job Card
 E-National Population Register Letter
 F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
 II E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
 III Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*



Signature /Thumb Impression across photo without covering the face

Address [For other than resident Individual, please mention Overseas Address]

Line 1*
 Line 2
 Line 3 City/Town/Village*
 District* Pin/Post Code* State/U.T Code* ISO 3166 Country Code*

3. CURRENT ADDRESS DETAILS (Please refer instruction B at the end)

Same as above mentioned address (In such cases address details as below need not be provided)

I. Certified copy of OVD or equivalent e-document of OVD or OVD obtained through digital KYC process needs to be submitted (anyone of the following OVDs)

A-Passport Number
 B-Voter ID Card
 C-Driving Licence
 D-NREGA Job Card
 E-National Population Register Letter
 F-Proof of Possession of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
 II E-KYC Authentication *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
 III Offline verification of Aadhaar *No need to attach. Aadhaar card. If submitted, Aadhaar Number to be masked by the customer*
 IV Deemed Proof of Address – Document Type code

Address

Line 1*
 Line 2
 Line 3 City/Town/Village*
 District Pin/Post Code* State code ISO 3166 Country Code*

4. Contact Details (All communications will be sent to Mobile number/Email-ID provided including for validation purpose) (Please refer instruction C at the end)

Tel. (Off) - Tel. (Res) - Mobile -

Email ID

**mandatory and subject to validation, hence provide the valid information in legible manner*

5. Remarks (If any)

6. Applicant Declaration

- I hereby declare that the details furnished above are true and correct to the best of my knowledge/belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting. I am aware that I may be held liable for it.
- I hereby declare that I am not making this application for the purpose contravention of any Act, Rules, Regulations or any statute of legislation or any notifications/directions issued by any governmental or statutory authority from time to time
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address..
- I hereby consent to receiving information from Central KYC Registry through SMS/Email on the above registered number/email address. I also providing consent to MF/AMC/KRA to share this KYC data / applicable Aadhaar XML data with CKYCR, download the information from CKYCR and share the data to other participating intermediaries as mandated by PMLA Act/Rules/SEBI guidelines.

[Signature/Thumb Impression]

Date: - -

Place:

Signature/Thumb Impression of Applicant

7. Attestation / For Office Use only

- Documents Received Certified Copies E-KYC data received from UIDAI Data received from Offline verification Digital KYC Process
 Equivalent e-document Video Based KYC

KYC documents verification carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

Name

Code

[Institution Stamp]

In-Person Verification (IPV) carried out by

Date: - -

Emp. Name

Emp. Code

Emp. Designation

Emp. Branch

[Employee Signature]

Institution details

[Institution Stamp]

General instructions:

1. Self-Certification of documents is mandatory.
2. Copies of all documents that are submitted need to be compulsorily self-attested by the applicant and accompanied by originals for verification. In case the original of any document is not produced for verification, then the copies should be properly attested by entities authorized for attesting the documents, as per the list mentioned under [F].
3. If any proof of identity or address is in a foreign language, then translation into English is required duly attested by the official as indicated above
4. Name & address of the applicant mentioned on the KYC form, should match with the documentary proof submitted.
5. If current & permanent addresses are different, then proofs for both have to be submitted.
6. Sole proprietor must make the application in his individual name & capacity.
7. For non-residents and foreign nationals, (allowed to trade subject to RBI and FEMA guidelines), copy of passport / PIO Card /OCI and overseas address proof is mandatory.
8. In case of Merchant Navy NRI's, Mariner's declaration or certified copy of CDC (Continuous Discharge Certificate) is to be submitted.
9. For opening an account with Depository participant or Mutual Fund, for a minor, photocopy of the School Leaving Certificate/Mark sheet issued by Higher Secondary Board / Passport of Minor / Birth Certificate must be provided.

A. Clarification / Guidelines on filling 'Personal Details' section

1. Name: The name should match the name as mentioned in the Proof of Identity submitted failing which the application is liable to be rejected.
2. One of the following is mandatory: Mother's name, Spouse's name, Father's name.

B. Clarification / Guidelines on filling 'Current Address details' section

1. In case of deemed PoA such as utility bill, the document need not be uploaded on CKYCR
2. PoA to be submitted only if the submitted Pol does not have current address or address as per Pol is invalid or not in force.
3. State / U.T Code and Pin / Post Code will not be mandatory for Overseas addresses.
4. In Section 2, one of I, II and III is to be selected. In case of online E-KYC authentication, II is to be selected.
5. In Section 3, one of I, II, III and IV is to be selected. In case of online E-KYC authentication, II is to be selected.
6. List of documents for 'Deemed Proof of Address'

Document Code	Description
01	Utility bill which is not more than two months old of any service provider (electricity, telephone, post-paid mobile phone, piped gas, water bill).
02	Property or Municipal tax receipt.
03	Pension or family pension payment orders (PPOs) issued to retired employees by Government Departments or Public Sector Undertakings, if they contain the address.
04	Letter of allotment of accommodation from employer issued by State Government or Central Government Departments, statutory or regulatory bodies, public sector undertakings, scheduled commercial banks, financial institutions and listed companies and leave and licence agreements with such employers allotting official accommodation.

7. Regulated Entity (RE) shall redact (first 8 digits) of the Aadhaar number from Aadhaar related data and documents such as proof of possession of Aadhaar, while uploading on CKYCR.
8. "Equivalent e-document" means an electronic equivalent of a document, issued by the issuing authority of such document with its valid digital signature including documents issued to the digital locker account of the client as per rule 9 of the Information Technology (Preservation and Retention of Information by Intermediaries Providing Digital Locker Facilities) Rules, 2016.
9. "Digital KYC process" has to be carried out as stipulated in the PML Rules, 2005.

C. Clarification / Guidelines on filling 'Contact details' section

1. Email/Mobile is mandatory for upload into KRA system and please provide.
2. Please mention two-digit country code and 10 digit mobile number (e.g. for Indian mobile number mention 91-9999999999)
3. Do not add '0' in the beginning of Mobile number.

D. Clarification / Guidelines on filling 'Related Person details' section

1. Provide KYC number of related person, if available.

E. Clarification on Minor

1. Guardian details are optional for minors above 10 years of age for opening of bank account only
2. However, in case guardian details are available for minor 10 years of age, the same (or CKYCR number of guardian) is to be uploaded.

F. List of people authorized to attest the documents after verification with the originals:

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Notary Public, Gazetted Officer, Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (Name, Designation & Seal should be affixed on the copy).
5. In case of NRIs, authorized officials of overseas branches of Scheduled Commercial Banks registered in India, Notary Public, Court Magistrate, Judge, Indian Embassy/Consulate General in the country where the client resides are permitted to attest the documents.
6. Government authorised officials who are empowered to issue Apostille Certificates.

G. List of people authorized to perform In Person Verification (IPV):

1. Authorised officials of Asset Management Companies (AMC).
2. Authorised officials of Registrar & Transfer Agent (R&T) acting on behalf of the AMC.
3. KYD compliant mutual fund distributors.
4. Manager of a Scheduled Commercial/Co-operative Bank or Multinational Foreign Banks (for investors investing directly).
5. In case of NRI applicants, a person permitted to attest documents, may also conduct the In Person Verification and confirm this in the KYC Form.

H. PAN Exempt Investor Category

1. Investments (including SIPs), in Mutual Fund schemes up to INR 50,000/- per investor per year per Mutual Fund.
2. Transactions undertaken on behalf of Central/State Government, by officials appointed by Courts, e.g., Official liquidator, Court receiver, etc.
3. Investors residing in the state of Sikkim.
4. UN entities/multilateral agencies exempt from paying taxes/filing tax returns in India

List of two digit state / U.T codes as per Indian Motor Vehicle Act, 1988

State/U.T	Code	State/U.T	Code	State/U.T	Code
Andaman & Nicobar	AN	Himachal Pradesh	HP	Pondicherry	PY
Andhra Pradesh	AP	Jammu & Kashmir	JK	Punjab	PB
Arunachal Pradesh	AR	Jharkhand	JH	Rajasthan	RJ
Assam	AS	Karnataka	KA	Sikkim	SK
Bihar	BR	Kerala	KL	Tamil Nadu	TN
Chandigarh	CH	Lakshadweep	LD	Telangana	TS
Chhattisgarh	CG	Madhya Pradesh	MP	Tripura	TR
Dadra and Nagar Haveli	DN	Maharashtra	MH	Uttar Pradesh	UP
Daman & Diu	DD	Manipur	MN	Uttarkhand	UA
Delhi	DL	Meghalaya	ML	West Bengal	WB
Goa	GA	Mizoram	MZ	Other	XX
Gujarat	GJ	Nagaland	NL		
Haryana	HR	Orissa	OR		

List of ISO 3166 two digit Country Code

Country	Country Code	Country	Country Code	Country	Country Code	Country	Country Code
Afghanistan	AF	Dominican Republic	DO	Libya	LY	Saint Pierre and Miquelon	PM
Aland Islands	AX	Ecuador	EC	Liechtenstein	LI	Saint Vincent and the Grenadines	VC
Albania	AL	Egypt	EG	Lithuania	LT	Samoa	WS
Algeria	DZ	El Salvador	SV	Luxembourg	LU	San Marino	SM
American Samoa	AS	Equatorial Guinea	GO	Macao	MO	Sao Tome and Principe	ST
Andorra	AD	Eritrea	ER	Macedonia, the former Yugoslav Republic of	MK	Saudi Arabia	SA
Angola	AO	Estonia	EE	Madagascar	MG	Senegal	SN
Anguilla	AI	Ethiopia	ET	Malawi	MW	Serbia	RS
Antarctica	AQ	Falkland Islands (Malvinas)	FK	Malaysia	MY	Seychelles	SC
Antigua and Barbuda	AG	Faroe Islands	FO	Maldives	MV	Sierra Leone	SL
Argentina	AR	Fiji	FJ	Mali	ML	Singapore	SG
Armenia	AM	Finland	FI	Malta	MT	Sint Maarten (Dutch part)	SX
Aruba	AW	France	FR	Marshall Island	MH	Slovakia	SK
Australia	AU	French Guiana	GF	Martinique	MQ	Slovenia	SI
Austria	AT	French Polynesia	PF	Mauritania	MR	Solomon Island	SB
Azerbaijan	AZ	French Southern Territories	TF	Mauritius	MU	Somalia	SO
Bahamas	BS	Gabon	GA	Moyotte	YT	South Africa	ZA
Bahrain	BH	Gambia	GM	Mexico	MX	South Georgia and the South Sandwich Islands	GS
Bangladesh	BD	Georgia	GE	Micronesia, Federated States of	FM	South Sudan	SS
Barbados	BB	Germany	DE	Moldova, Republic of	MD	Spain	ES
Belarus	BY	Ghana	GH	Monaco	MC	Sri Lanka	LK
Belgium	BE	Gibraltar	GI	Mongolia	MN	Sudan	SD
Belize	BZ	Greece	GR	Montenegro	ME	Suriname	SR
Benin	BJ	Greenland	GL	Montserrat	MS	Svalbard and Jan Mayen	SI
Bermuda	BM	Grenada	GD	Morocco	MA	Swaziland	SZ
Bhutan	BT	Guadeloupe	GP	Mozambique	MZ	Sweden	SE
Bolivia, Plurinational State of	BO	Guam	GU	Myanmar	MM	Switzerland	CH
Bonaire, Sint Eustatius and Saba	BQ	Guatemala	GT	Namibia	NA	Syrian Arab Republic	SY
Bosnia and Herzegovina	BA	Guernsey	GG	Nauru	NZ	Taiwan province of China	TW
Botswana	BW	Guinea	GN	Nepal	NP	Tajikistan	TJ
Bouvet Island	BV	Guinea-Bissau	GW	Netherlands	NL	Tanzania, United Republic of	TZ
Brazil	BR	Guyana	GY	New Caledonia	NC	Thailand	TH
British Indian Ocean Territory	IO	Haiti	HT	New Zealand	NZ	Timor-Leste	TL
Brunei Darussalam	BN	Heard Island and McDonald Islands	HM	Nicaragua	NI	Togo	TG
Bulgaria	BG	Holy See (Vatican City State)	VA	Niger	NE	Tokelau	TK
Burkina Faso	BF	Honduras	HN	Nigeria	NG	Tonga	TO
Burundi	BI	Hong Kong	HK	Niue	NU	Trinidad and Tobago	TT
Cabo Verde	CV	Hungary	HU	Norfolk Island	NF	Tunisia	TN
Cambodia	KH	Iceland	IS	Northern Mariana Islands	MP	Turkey	TR
Cameroon	CM	India	IN	Norway	NO	Turkmenistan	TM
Canada	CA	Indonesia	ID	Oman	OM	Turks and Caicos Islands	TC
Cayman Islands	KY	Iran, Islamic Republic of	IR	Pakistan	PK	Tuvalu	TV
Central African Republic	CF	Iraq	IQ	Palau	PW	Uganda	UG
Chad	TD	Ireland	IE	Palestine, State of	PS	Ukraine	UA
Chile	CL	Isle of Man	IM	Panama	PA	United Arab Emirates	AE
China	CN	Israel	IL	Papua New Guinea	PG	United Kingdom	GB
Christmas Island	CX	Italy	IT	Paraguay	PY	United States	US
Cocos (Keeling) Islands	CC	Jamaica	JM	Peru	PE	United States Minor Outlying Islands	UM
Colombia	CO	Japan	JP	Philippines	PH	Uruguay	UY
Comoros	KM	Jersey	JE	Pitcairn	PN	Uzbekistan	UZ
Congo	CG	Jordan	JO	Poland	PL	Vanuatu	VU
Congo, the Democratic Republic of the	CD	Kazakhstan	KZ	Portugal	PT	Venezuela, Bolivarian Republic of	VE
Cook Islands	CK	Kenya	KE	Puerto Rica	PR	Viet Nam	VN
Costa Rica	CR	Kiribati	KI	Qatar	QA	Virgin Islands, British	VG
Cote d'Ivoire Code d'Ivoire	CI	Korea, Democratic People's Republic of	KP	Reunion Reunion	RE	Virgin Island, U.S.	VI
Croatia	HR	Korea, Republic	KR	Romania	RO	Wallis and Futuna	WF
Cuba	CU	Kuwait	KW	Russian Federation	RU	Western Sahara	EH
Curacao Curacao	CW	Kyrgyzstan	KG	Rwanda	RW	Yemen	YE
Cyprus	CY	Lao People's Democratic Republic	LA	Saint Barthelemy Saint Barthelemy	BL	Zambia	ZM
Czech Republic	CZ	Latvia	LV	Saint Helena, Ascension and Tristan da Cunha	SH	Zimbabwe	ZW
Denmark	DK	Lebanon	LB	Saint Kittsand Nevis	KN		
Djibouti	DJ	Lesotho	LS	Saint Lucia	LC		
Dominica	DM	Liberia	LR	Saint Martin (French Part)	MF		



Declaration Form for Individuals

Please seek appropriate advice from your tax professional on your tax residency, related FATCA & CRS guidance

PAN / PERKRN*			
Name			
Address Type [for KYC address]	<input type="checkbox"/> Residential <input type="checkbox"/> Registered Office <input type="checkbox"/> Business	Nationality	<input type="checkbox"/> Indian <input type="checkbox"/> US <input type="checkbox"/> Others (please specify)
Place of Birth		Country of Birth	
Gross Annual Income Details in USD	<input type="checkbox"/> Below \$ 10,000 <input type="checkbox"/> \$ 10,000 to \$ 50,000 <input type="checkbox"/> \$ 50,000 to \$1,00,000 <input type="checkbox"/> \$ 50,000 to \$1,00,000	Occupation Details [Please tick any one (✓)]	<input type="checkbox"/> Business <input type="checkbox"/> Professional <input type="checkbox"/> Public Sector <input type="checkbox"/> Private Sector <input type="checkbox"/> Government Service <input type="checkbox"/> Agriculturist <input type="checkbox"/> Housewife <input type="checkbox"/> Student <input type="checkbox"/> Forex Dealer <input type="checkbox"/> Others (please specify)
Net Worth in USD & Date [Optional]	_____ <u>dd-mm-yyyy</u>		
Politically Exposed Person [PEP]	<input type="checkbox"/> Yes <input type="checkbox"/> Related to PEP <input type="checkbox"/> Not Applicable	Any other information [if applicable]	_____ [Please specify]

Are you a tax resident (i.e. are you assessed for Tax) in any other country other than India? Yes No

If "Yes", please fill for all countries (other than India) in which you are a Resident for tax purpose i.e. where you are a Citizen / Resident / Green Card Holder / Tax Resident in the respective countries.

S.No.	Country of Tax Residency	Tax Identification Number (TIN) or Functional Equivalent	Identification Type [TIN or other please specify]	If TIN is not available, Please tick <input checked="" type="checkbox"/> the reason A, B, or C [as defined below]
1				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>
2				→ Reason A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/>

- > Reason A → The country where the Account Holder is liable to pay tax does not issue TIN to its residents.
- > Reason B → No TIN required [Select the reason only if the authorities of the respective country of tax residence do not required the TIN to be collected]
- > Reason C → Others – Please specify the reasons _____

Declaration: I/We hereby declare that all the particulars given herein are true, correct and complete to the best of my/our knowledge and belief. I/ We further agree not to hold Sundaram Asset Management, its sponsor, their employees, authorised agents, service providers, representatives of the distributors liable for any consequences/losses/costs/damages in case of any of the above particulars being false, incorrect or incomplete or in case of my/our not intimating/delay in intimating any changes to the above particulars. I/We hereby authorise Sundaram Asset Management to disclose, share, remit in any form, mode or manner, all/any of the information provided by me/ us, including all changes, updates to such information as and when provided by me/us, to any Indian or foreign governmental or statutory or judicial authorities/agencies, the tax/revenue authorities, other investigation agencies and SEBI registered intermediaries without any obligation of advising me/us of the same. I/We hereby agree to provide any additional information/documentation that may be required in connection with this application.

Certification: I/We have understood the information requirements of this Form (read along with the FATCA-CRS Instructions), and hereby certify that the information provided by me/us on this Form is true, correct, and complete. I/We also confirm that I/We have read and understood the FATCA-CRS Terms and Conditions and hereby accept the same.

I/We agree to indemnify Sundaram Asset Management Company Limited in respect of any false, misleading, inaccurate and incomplete information regarding my/our "U.S. person" status for U.S. federal income tax purposes. or in respect of any other information as may be required under applicable tax laws.

Date: _____

Place: _____

Signature

Acknowledgement

We acknowledge the receipt of FATCA/CRS declaration from duly filled and signed from

Mr. / Ms. / M/s. _____ PAN _____ on dd-mm-yyyy

Date: _____

Signature with Name, Emp ID & Seal

FATCA & CRS Terms & Conditions

Details under FATCA & CRS: The Central Board of Direct Taxes has notified Rules 114F to 114H, as part of the Income- tax Rules, 1962, which require Indian financial institutions such as the Banks/other financial entities to seek additional personal, tax and beneficial owner information and certain certifications and documentation from all our account holders. In relevant cases, information will have to be reported to tax authorities / appointed agencies. Towards compliance, we may also be required to provide information to any institutions such as withholding agents for the purpose of ensuring appropriate withholding from the account or any proceeds in relation thereto.

Should there be any change in any information provided by you, please ensure you advise us promptly, i.e., within 30 days.

Please note that you may receive more than one request for information if you have multiple relationships with (Insert FI's name) or its group entities. Therefore, it is important that you respond to our request, even if you believe you have already supplied any previously requested information.

FATCA & CRS Instructions

If you have any questions about your tax residency, please contact your tax advisor. If you are a US citizen or resident or green-card holder, please include United States in the foreign country information field along with your US Tax Identification Number.

\$ It is mandatory to supply a TIN or functional equivalent if the country in which you are tax resident issues such identifiers. If no TIN is yet available or has not yet been issued, please provide an explanation and attach this to the form. In case customer has the following Indicia pertaining to a foreign country and yet declares self to be non-tax resident in the respective country, customer to provide relevant Curing Documents as mentioned below:

FATCA & CRS Indicia observed (ticked)	Documentation required for Cure of FATCA/ CRS indicia
U.S. place of birth	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a resident for tax purposes; 2. Non-US passport or any non-US government issued document evidencing nationality or citizenship (refer list below);AND 3. Any one of the following documents: Certified Copy of "Certificate of Loss of Nationality or Reasonable explanation of why the customer does not have such a certificate despite renouncing US citizenship; or Reason the customer did not obtain U.S. citizenship at birth
Residence/ mailing address in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)
Telephone number in a country other than India	<p><i>If no Indian telephone number is provided</i></p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below) <p><i>If Indian telephone number is provided along with a foreign country telephone number</i></p> <ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident for tax purposes of any country other than India; OR
Telephone number in a country other than India	<ol style="list-style-type: none"> 1. Self-certification that the account holder is neither a citizen of United States of America nor a tax resident of any country other than India; and 2. Documentary evidence (refer list below)

List of acceptable documentary evidence needed to establish the residence(s) for tax purposes:

1. Certificate of residence issued by an authorized government body*
2. Valid identification issued by an authorized government body* (e.g. Passport, National Identity card, etc.)

* Government or agency thereof or a municipality of the country or territory in which the payee claims to be a resident.

Date:.....

Sundaram Asset Management Company Limited (IFSC Branch)

Shilp Incubation Centre, Office No S1-M-025, Unit B, First Floor
GIFT SEZ, GIFT City
Gandhinagar 382355

Dear Sirs,

CONFIRMATION OF NON SOLICITATION

I/WE hereby confirm that I/we have requested Sundaram Asset Management Company Limited-IFSC Branch (SAMC-IFSC) to accept my/our Application for Units in the Sundaram India Mid Cap – GIFT (“Fund”) on an ‘unsolicited’ basis.

I/We understand that the Fund is not offered to investors in my jurisdiction.

The Application for Units is being sent to SAMC-IFSC Branch at my/our initiative and direction. Neither SAMC-IFSC, nor any of its representatives, agents, or employees have at any time made any offer or invitation to me/us to subscribe to the Units.

I/We have such knowledge and experience in financial and business matters that I am/we are fully capable of evaluating the merits and risks of my/our acquisition of the Units.

Yours faithfully,

For Sole/First/Guardian

Signature:.....

Name:
.....

For Second Applicant

Signature:.....

Name:
.....

For Third Applicant

Signature:.....

Name:
.....